



Massachusetts
Department of
Revenue

License number

For the month of

19

Name of licensee

Mailing address

State cigarettes transferred to

			Number of cigarettes		
Date transferred	Invoice number	To whom sold Name Address	20s Stamped	25s Stamped	Misc. Unstamped
Carryover amounts to top of next page					

[illegible]

Total. Combine the totals of stamped 20s, stamped 25s and Misc. unstamped. Enter this amount here and on Form CT-1, line 12